



Montana Department of Corrections

Grants & Assistance Research Request

This request form will be used to prioritize staff time used to research and secure new grants and assistance. Fields are designed to expand when typed in. Once completed and signed, save this form to your hard drive with a unique file name. Then, email the completed form to CBlasch@mt.gov or fax to 406-444-9818. All requests will be reviewed and feedback given as soon as possible. Call 444-6432 for questions. Thank you.

Project Leader (Name, Title):

Email: **Phone:**

Name of proposed program/project:

If aware of an available federal grant, please provide name, agency, or CFDA number:

Describe the need/ problem (Approximately 1-2 pages)

The purpose of this section is to develop a clear, concise picture of the problem or gap in services or benefits that will be addressed using grant funds. This section should also describe approaches taken thus far to address the problem. The description of the problem should be supported by an analysis of statistical information and/or other factual information or relevant literature. The sources or methods used for assessing the problem also should be listed and described.

Describe the proposed program/project (Approximately 2-3 pages)

This section should provide a description of the proposed solution to the problem. It should discuss both the scope and intent of the program and its relationship to the agency mission.

Project Goal

This should be one or two concise statements. Example: To eliminate the disparity seen in return and recidivism rates of American Indians compared to their non-Native peers.

Project Objectives

This should include 3-6 deliverable objectives that can be measured. Objectives are created to track and demonstrate project effectiveness. Example: To hire and train 8 specialized P&P officers for the biennium.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Performance Measures

This outlines the data to be collected and analyzed to determine project success. Performance measures are also used to implement new strategies when trends are not positive.

What other partners (within DOC or in the community) have been involved in preparation of this proposal?

Which other divisions may be impacted by the proposal, but have not been engaged?

Describe your timeline:

Other considerations:

Program Costs

This section outlines the total annual cost for the project or program. Please coordinate with the appropriate budget analyst to complete this section. Summary details in each area should be included in the table below.

Type	Description	Amount
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Click Here, Select One

Click Here, Select One

Click Here, Select One

Click Here, Select One

Click Here, Select One

Click Here, Select One

Is this an initiative of the Director's office? ☐ Yes ☐ No

I ensure this proposal does not supplant existing state funds and there is a valid fiscal need.

Budget Analyst's Signature
(If emailing, please copy your budget analyst in Outlook.)

Date

I endorse this proposal and agree to accept full responsibility for project development and implementation.

Administrator's Signature
(If emailing, please copy your administrator in Outlook.)

Date

Central Office Use

Date Received: _____

Status: ☐ Researched ☐ Stakeholders informed of Resources ☐ Application submitted ☐ Funding secured ☐ Funding application denied
Comments:

Date stakeholders informed: